



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
Norristown State Hospital
1001 Sterigere Street
Bldg 2 Rm. 161
Norristown, Pennsylvania 19401

ADULT RESIDENTIAL LICENSING

1-866-711-4115
610-270-1137

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
Mailing Date: June 11, 2012

Mr. Barry A. Lazarus, Vice President
Arden Courts Warminster of Yardley Pa, LLC
333 North Summit Street
Toledo, Ohio 43604

RE: Arden Courts of Yardley
493 Stony Hill Road
Yardley, Pennsylvania 19067

Dear Mr. Lazarus:

As a result of the Department of Public Welfare's licensing inspection on March 27, 2012 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

Sincerely,

A handwritten signature in cursive script that reads "Chevon Miller" followed by a stylized initial "DM".

Chevon Miller
Regional Licensing Administrator

Enclosure(s)
Violation Report

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME ARDEN COURTS OF YARDLEY, 493 STONY HILL ROAD YARDLEY, PA 19067		CURRENT LICENSE NUMBER 129970	
INSPECTION DATES (Include all dates of the inspection) 03/27/2012		REGIONAL REPRESENTATIVE Patricia Adams, Christine McHale	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Liz Murphy, Executive Director			
SIGNATURE OF LEGAL ENTITY <i>Liz Murphy</i>	DATE 6/4/2012	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Christine McHale</i>	DATE 6/7/12

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
227d Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.	<ul style="list-style-type: none"> - Resident #1 was evaluated for occupational therapy, 1/23/11, with diagnosis of expressive aphasia. The home documented in the nurse's notes on 4/8/11 "answers all question with "yes" and on 10/8/11 noted "only answers yes to questions, unable to make most needs known". The resident's support plan, dated 3/8/11, does not address how the home will assist the resident in meeting this need. - The home reported the resident has a history of eating fast. The home's staff cuts the resident's food into small pieces and reminds the resident to slow down. The behavior was not addressed on the 3/8/11 support plan. - The staff takes away resident #1's eating implements in order to discourage fast eating. The support plan dated 3/8/11, did not address the removal of the resident's eating implements. 	6/4/2012	227d Resident #1 was deceased prior to the complaint investigation on March 27, 2012. All staff has been in-serviced on the new RASP and the care and services that are documented on the RASP. Direct care staff, Rehab services as well as Housekeepers and Programming staff will notify the Resident Services Supervisors and Coordinator and the Executive Director as residents' needs change. The Executive Director will update the RASP with the new care needs including the date the change was made on the RASP.	<p style="text-align: center;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: center;"><i>[Signature]</i> Date Initials (DPW)</p>